U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

	SECTION A – PROPERTY INFORMATION FOR INSURANCE COMPANY U				RANCE COMPANY USE		
A1. Building Owne	A1. Building Owner's Name Policy Number:					ber:	
Rayburn		2018-080					
A2. Building Street Box No. 415 North Beach B		luding Apt., Unit, Suite	, and/o	r Bldg. No.) or P.O.	Route and	Company N	IAIC Number:
City				State		ZIP Code	
Waveland				Mississippi		39576	
A3. Property Desc Parcel # 161F-0-02		d Block Numbers, Tax	Parce	l Number, Legal De	scription, etc.)		
A4. Building Use (e.g., Resident	ial, Non-Residential, A	ddition	, Accessory, etc.)	Residential		
A5. Latitude/Longit	ude: Lat. 30	-17-15	_ong. <u>8</u>	9-21-45	Horizontal Datum	: NAD 1	1927 🗵 NAD 1983
A6. Attach at least	2 photograph	s of the building if the	Certific	cate is being used to	obtain flood insura	nce.	
A7. Building Diagra	m Number	5					
A8. For a building	with a crawlsp	ace or enclosure(s):					
a) Square foo	age of crawls	pace or enclosure(s)		0 sq ft			
b) Number of p	permanent flo	od openings in the cra	wlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade0
c) Total net are	ea of flood op	enings in A8.b0	8	sq in			
d) Engineered	flood opening	gs? ☐ Yes ☒ No)				
A9. For a building v	vith an attach	ed garage:					
100		ed garage0		sa ft			
		od openings in the atta			ot above adiacent o	rade	0
					or abore aujacem g		
		enings in A9.b		- 54 111			
d) Engineered	flood opening	gs? ☐ Yes ☒ N	0				
	SEC	CTION B - FLOOD IN	ISURA	NCE RATE MAP	(FIRM) INFORMA	TION	I
B1. NFIP Communi		ommunity Number		B2. County Name			B3. State
City of Waveland 28	35262			Hancock			Mississippi
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E	IRM Panel ffective/ evised Date	B8. Flood Zone(s)	(Zo	se Flood Elevation(s) ne AO, use Base od Depth)
28045C0361	D	10/16/2009		6/2009	VE	24	
		Base Flood Elevation (epth entered in Item	B9:	
		Community Determ	iiica į				•
B11. Indicate eleva	tion datum us	sed for BFE in Item B9	: 🔲 N	IGVD 1929 ⊠ NA	VD 1988 ☐ Otl	ner/Source:	
B12. Is the building	located in a	Coastal Barrier Resou	rces S	ystem (CBRS) area	or Otherwise Prote	cted Area (OPA)? ☐ Yes ☒ No
Designation [, OPA			
3							

IMPORTANT: In these spaces, copy the correspon			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, a 415 North Beach BLVD	Policy Number:			
City	State	ZIP Code	Company NAIC Number	
Waveland				
SECTION C - BUILDIN	G ELEVATION INFOR	MATION (SURVEY R	EQUIRED)	
C1. Building elevations are based on: Const	truction Drawings*	Building Under Constru	uction* X Finished Construction	
*A new Elevation Certificate will be required when				
C2. Elevations – Zones A1–A30, AE, AH, A (with E Complete Items C2.a–h below according to the	BFE), VE, V1–V30, V (wi e building diagram specil	th BFE), AR, AR/A, AR fied in Item A7. In Puer	/AE, AR/A1–A30, AR/AH, AR/AO. to Rico only, enter meters.	
Benchmark Utilized: GPS Derived	Vertical Dat	tum: NAVD88		
Indicate elevation datum used for the elevation	s in items a) through h) l	below.		
☐ NGVD 1929 ☐ NAVD 1988 ☐ O				
Datum used for building elevations must be the	e same as that used for t	he BFE.	Check the measurement used.	
a) Top of bottom floor (including basement, cr.	awlspace, or enclosure f	loor)28. 2	X feet meters	
b) Top of the next higher floor		N/A	X feet meters	
c) Bottom of the lowest horizontal structural m	ember (V Zones only)	26, 5	X feet meters	
d) Attached garage (top of slab)		N/A	⊠ feet ☐ meters	
e) Lowest elevation of machinery or equipmer (Describe type of equipment and location in	nt servicing the building Comments)	28. 2	X feet meters	
f) Lowest adjacent (finished) grade next to bu		5.8	X feet meters	
g) Highest adjacent (finished) grade next to bu		6.0		
h) Lowest adjacent grade at lowest elevation of structural support		g <u>6</u> , <u>5</u>	⋉ feet ☐ meters	
SECTION D – SURVE	YOR, ENGINEER, OR	ARCHITECT CERTIF	ICATION	
This certification is to be signed and sealed by a lar I certify that the information on this Certificate repre statement may be punishable by fine or imprisonme	nd surveyor, engineer, or sents my best efforts to	architect authorized by	v law to certify elevation information.	
Were latitude and longitude in Section A provided b			★ Check here if attachments.	
Certifier's Name	License Number			
Jason P Chiniche	P.E. 19732		MINISON P	
Title Project Manager			W NSEU PROS	
Project Manager			Place ENGINEER OF	
Company Name James J Chiniche PA INC			Seal Nam	
Address			Here Here	
412 HWY 90 Suite 2			OR STATE OF WHITE	
City Bay St. Louis	State Mississippi	ZIP Code 39520	MISSISSINIIII	
Signature	Date	Telephone		
Jun Chule	2.20.18	(228) 467-6755		
Copy all pages of this Elevation Certificate and all atta	chments for (1) communi	ty official, (2) insurance	agent/company, and (3) building owner.	
Comments (including type of equipment and location NOTE: The description in A3 above is for information Map Section B4. Recommend verification of (BFE) responsible for coordinating this certificate with contunit. TBM Is a nail in power pole south side of lot.	n only & not to certify the by local building official. ractor and/or building of	e building location. The The flood zone is dete	ermined by graphic plotting, owner is	

<u> </u>				
IMPORTANT: In these spaces, copy the correspon				FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, a 415 North Beach BLVD	nd/or Bldg. No.) o	r P.O. Rou	te and Box No.	Policy Number:
City Waveland	State Mississippi	ZIP (3957	Code 76	Company NAIC Number
SECTION E – BUILDING E		ORMATIO	N (SURVEY NOT	REQUIRED)
		•		LOMA or LOMP E request
For Zones AO and A (without BFE), complete Items I complete Sections A, B,and C. For Items E1–E4, use enter meters.	natural grade, if a	available. C	Check the measure	ment used. In Puerto Rico only,
E1. Provide elevation information for the following at the highest adjacent grade (HAG) and the lowes	nd check the appro t adjacent grade (i	opriate box LAG).	es to show whethe	r the elevation is above or below
 a) Top of bottom floor (including basement, crawlspace, or enclosure) is 			☐ feet ☐ meter	rs above or below the HAG.
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is 			☐ feet ☐ meter	rs above or below the LAG.
E2. For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in	openings provide	d in Sectio	n A Items 8 and/or	9 (see pages 1–2 of Instructions),
the diagrams) of the building is			☐ feet ☐ meter	rs above or below the HAG.
E3. Attached garage (top of slab) is			☐ feet ☐ meter	rs above or below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is			☐ feet ☐ meter	rs above or below the HAG.
E5. Zone AO only: If no flood depth number is availa floodplain management ordinance? Yes	ble, is the top of th ☐ No ☐ Unkno	ne bottom f own. The	loor elevated in ac local official must	cordance with the community's certify this information in Section G.
SECTION F - PROPERTY OV	VNER (OR OWNE	R'S REPR	RESENTATIVE) CI	ERTIFICATION
The property owner or owner's authorized representa community-issued BFE) or Zone AO must sign here.	tive who complete The statements in	s Sections Sections A	A, B, and E for Zo A, B, and E are cor	one A (without a FEMA-issued or rect to the best of my knowledge.
Property Owner or Owner's Authorized Representative	e's Name			
Address		City	St	ate ZIP Code
Signature		Date	Те	elephone
Comments			-L	
				Check here if attachments.

MPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, S 415 North Beach BLVD	uite, and/or Bldg. No		No. Policy Number:		
City Waveland	State Mississippi	ZIP Code 39576	Company NAIC Number		
		Y INFORMATION (OPTION	DNAL)		
The local official who is authorized by law or o Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, er	Certificate. Comple	er the community's floodp te the applicable item(s) a	lain management ordinance can complete and sign below. Check the measurement		
G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)					
G2. A community official completed Sect or Zone AO.	ion E for a building l	ocated in Zone A (without	a FEMA-issued or community-issued BFE)		
G3.	-G10) is provided for	community floodplain ma	nagement purposes.		
G4. Permit Number	G5. Date Permit I	ssued	G6. Date Certificate of Compliance/Occupancy Issued		
G7. This permit has been issued for:	New Construction	Substantial Improven	nent		
G8. Elevation of as-built lowest floor (including of the building:	g basement) —	,	feet meters Datum		
G9. BFE or (in Zone AO) depth of flooding at	the building site:		feet meters Datum		
G10. Community's design flood elevation:	_	,	feet meters Datum		
Local Official's Name		Title			
Community Name		Telephone			
Signature		Date			
Comments (including type of equipment and lo	cation, per C2(e), if a	applicable)	☐ Check here if attachments.		

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Ap 415 North Beach BLVD	et., Unit, Suite, and/or Bldg. No.) or	r P.O. Route and Box No.	Policy Number:
City Waveland	State Mississippi	ZIP Code 39576	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption Front



Photo Two

Photo Two Caption Rear

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION FOR INSURANCE COMPANY				RANCE COMPANY USE			
A1. Building Owne	er's Name	#2040 40D			Į F	Policy Num	nber:
RAYBURN		#2016-400					
A2. Building Stree Box No. 415 NORTH BEAC	Ť	cluding Apt., Unit, Suite .RD	e, and/o	or Bldg. No.) or P.O.	. Route and	Company N	NAIC Number:
City				State	Z	IP Code	
WAVELAND				Mississippi	3	9576	
A3. Property Desc TAX PARCEL #:16		nd Block Numbers, Ta 004	x Parce	el Number, Legal De	escription, etc.)		
A4. Building Use (e.g., Residen	tial, Non-Residential, A	Addition	n, Accessory, etc.)	Residential		
A5. Latitude/Longi	tude: Lat. 30)-17-15.7	Long	89-21-45.7	Horizontal Datum:	□ NAD ¹	1927 🗵 NAD 1983
A6. Attach at least	2 photograph	ns of the building if the	Certific	cate is being used to	o obtain flood insuran	ce.	
A7. Building Diagra	am Number	5					
A8. For a building	with a crawls	pace or enclosure(s):					
a) Square foo	tage of crawls	space or enclosure(s)		0 sq ft			
b) Number of	permanent flo	ood openings in the cra	wispac	ce or enclosure(s) w	ithin 1.0 foot above a	djacent gr	ade0
c) Total net an	ea of flood op	enings in A8.b0		sq in			
d) Engineered	flood opening	gs? 🗌 Yes 🗵 No	0				
A9. For a building v	vith an attach	ed garage:					
a) Square foot	age of attach	ed garage0	······	sq ft			
b) Number of p	permanent flo	od openings in the atta	ached (garage within 1.0 fo	ot above adjacent gra	ıde	0
c) Total net are	ea of flood op	enings in A9.b	0	sq in			
•		gs? ☐ Yes ⊠ N		-			
-,g		9 <u>-</u>	_				
	SE	CTION B - FLOOD IN	ISURA	NCE RATE MAP	(FIRM) INFORMATI	ON	
B1. NFIP Communi WAVELAND 28526	•	ommunity Number		B2. County Name HANCOCK			B3. State Mississippi
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E	IRM Panel ffective/	B8. Flood Zone(s)	(Zoi	se Flood Elevation(s) ne AO, use Base od Depth)
28045C	D	10/16/2009		evised Date 5/2009	VE	24	ou Deptil)
		Base Flood Elevation (I	•		pth entered in Item B	9:	
☐ FIS Profile	X FIRM [Community Determ	ined [Other/Source:			
B11. Indicate eleva	tion datum us	sed for BFE in Item B9	: 🔲 N	GVD 1929 🔀 NA	VD 1988	r/Source:	
B12. Is the building	located in a	Coastal Barrier Resou	rces Sy	/stem (CBRS) area	or Otherwise Protect	ed Area (C	DPA)? ☐ Yes ☒ No
Designation D	ate:		BRS	□ ОРА			

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or 415 NORTH BEACH BOULEVARD	Policy Number:		
City Sta WAVELAND Mis	Company NAIC Number		
SECTION C – BUILDING EL	EVATION INFORMA	TION (SURVEY RI	EQUIRED)
C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when co	_	lding Under Construing is complete.	uction*
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), Complete Items C2.a–h below according to the build Benchmark Utilized: GPS DERIVED	ding diagram specified Vertical Datum	in Item A7. In Puert : NAVD 1988	AE, AR/A1–A30, AR/AH, AR/AO. o Rico only, enter meters.
Indicate elevation datum used for the elevations in it ☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/S Datum used for building elevations must be the sam	Source:		
Datum used for building elevations must be the same	e as mai used for the t	ore.	Check the measurement used.
 a) Top of bottom floor (including basement, crawlsp 	ace, or enclosure floor		X feet meters
b) Top of the next higher floor		N/A	X feet meters
c) Bottom of the lowest horizontal structural membe	r (V Zones only)	<u>26</u> . <u>5</u>	X feet meters
d) Attached garage (top of slab)		N/A	X feet meters
 e) Lowest elevation of machinery or equipment serv (Describe type of equipment and location in Com 	ricing the building ments)	N/A	X feet meters
f) Lowest adjacent (finished) grade next to building	(LAG)	5. 8	X feet meters
g) Highest adjacent (finished) grade next to building	(HAG)	<u> 6. 0 </u>	X feet meters
 h) Lowest adjacent grade at lowest elevation of dec structural support 	k or stairs, including	N/A.	X feet
SECTION D – SURVEYOR,	ENGINEER, OR ARC	CHITECT CERTIFI	CATION
This certification is to be signed and sealed by a land sur I certify that the information on this Certificate represents statement may be punishable by fine or imprisonment un	veyor, engineer, or arc my best efforts to inter der 18 U.S. Code, Sec	hitect authorized by pret the data availa tion 1001.	law to certify elevation information. ble. I understand that any false
Were latitude and longitude in Section A provided by a lic		⊠Yes □No	Check here if attachments.
Certifier's Name JASON P. CHINICHE	License Number P.E. 19732		. A SANONA AND A S
Title			SON P. CA
PROJECT MANAGER			STENSED PROPE
Company Name JAMES J. CHINICHE, PA, INC.			Seal Ž
Address 412 HWY. 90, SUITE 2			Here 19732
City BAY ST. LOUIS	State Mississippi	ZIP Code 39520	MISSISS MISSISSIPPING
Signature	Date 12/21/2016	Telephone (228) 464-6755	
Copy all pages of this Elevation Certificate and all attachmen	nts for (1) community of	ficial, (2) insurance a	agent/company, and (3) building owner.
Comments (including type of equipment and location, per NOTE: The description in A3. above is for information only map in section B4. Recommend verification of (BFE) by lo Owner is responsible for coordinating this certificate with 0	y & not to certify the bu	e flood zone is dete	ermined by graphic plotting only.

IMPORTANT: In these spaces, copy the correspondin	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/o	r Bldg. No.) or P.O. Route a	nd Box No.	Policy Number:
City Sta WAVELAND Mis	ate ZIP Cod ssissippi 39576	е	Company NAIC Number
SECTION E - BUILDING ELEY FOR ZONE	/ATION INFORMATION (S AO AND ZONE A (WITHO		REQUIRED)
For Zones AO and A (without BFE), complete Items E1–E complete Sections A, B,and C. For Items E1–E4, use nat enter meters.	ural grade, if available. Chec	k the measurer	ment used. In Puerto Rico only,
E1. Provide elevation information for the following and of the highest adjacent grade (HAG) and the lowest adjacent grade (HAG) and the lowest adjacent floor (including basement,		show whether	the elevation is above or below
crawlspace, or enclosure) is b) Top of bottom floor (including basement,	_	feet meters	
crawlspace, or enclosure) is			s above or below the LAG.
E2. For Building Diagrams 6–9 with permanent flood ope the next higher floor (elevation C2.b in the diagrams) of the building is		Items 8 and/or the feet ☐ meters	
E3. Attached garage (top of slab) is	<u>X</u>	feet 🗌 meters	s above or below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is	X	feet	s above or below the HAG.
E5. Zone AO only: If no flood depth number is available, floodplain management ordinance? Yes N	s the top of the bottom floor Unknown. The loca	elevated in acc Il official must c	ordance with the community's ertify this information in Section G.
SECTION F - PROPERTY OWNE	R (OR OWNER'S REPRESE	ENTATIVE) CE	RTIFICATION
The property owner or owner's authorized representative	who completes Sections A, E	3, and E for Zor	ne A (without a FEMA-issued or
community-issued BFE) or Zone AO must sign here. The	statements in Sections A, B,	and E are corr	ect to the best of my knowledge.
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's N	statements in Sections A, B,	and E are corr	ect to the best of my knowledge.
community-issued BFE) or Zone AO must sign here. The	statements in Sections A, B,	and E are corre	
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's N	statements in Sections A, B, lame	Sta	
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's NAddress	statements in Sections A, B, lame City	Sta	ite ZIP Code
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's N Address Signature	statements in Sections A, B, lame City	Sta	ite ZIP Code
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's N Address Signature	statements in Sections A, B, lame City	Sta	ite ZIP Code
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's N Address Signature	statements in Sections A, B, lame City	Sta	ite ZIP Code
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's N Address Signature	statements in Sections A, B, lame City	Sta	ite ZIP Code
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's N Address Signature	statements in Sections A, B, lame City	Sta	ite ZIP Code
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's N Address Signature	statements in Sections A, B, lame City	Sta	ite ZIP Code
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's N Address Signature	statements in Sections A, B, lame City	Sta	ite ZIP Code
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's N Address Signature	statements in Sections A, B, lame City	Sta	ite ZIP Code
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's N Address Signature	statements in Sections A, B, lame City	Sta	ite ZIP Code

IMPORTANT: In these spaces, copy the co	rresponding information from Section .	Α.	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, 415 NORTH BEACH BOULEVARD	uilding Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 15 NORTH BEACH BOULEVARD				
City WAVELAND	State ZIP Code Mississippi 39576	**-	Company NAIC Number		
SECT	ION G - COMMUNITY INFORMATION (OPTIONAL)			
The local official who is authorized by law or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, e	on Certificate. Complete the applicable ite				
G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)					
G2. A community official completed Secon Zone AO.	ction E for a building located in Zone A (w	ithout a FEM/	N-issued or community-issued BFE)		
G3. The following information (Items G4	-G10) is provided for community floodpla	nin manageme	ent purposes.		
G4. Permit Number	G5. Date Permit Issued		Date Certificate of ompliance/Occupancy Issued		
G7. This permit has been issued for:	New Construction Substantial Impr	rovement			
G8. Elevation of as-built lowest floor (including of the building:	ng basement)	feet	meters Datum		
G9. BFE or (in Zone AO) depth of flooding at	the building site:	feet	meters Datum		
G10. Community's design flood elevation:		feet	meters Datum		
Local Official's Name	Title				
Community Name	Telephone				
Signature	Date				
Comments (including type of equipment and lo	cation, per C2(e), if applicable)				
			Check here if attachments.		

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, co	py the corresponding information	from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including a 415 NORTH BEACH BOULEVARE	Apt., Unit, Suite, and/or Bldg. No.) or)	P.O. Route and Box No.	Policy Number:
City WAVELAND	State Mississippi	ZIP Code 39576	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption FRONT VIEW ONLY 12/21/2016

Photo Two

Photo Two

Photo Two Caption

U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

ELEVATION CERTIFICATE

OMB No. 1660-0008

National Flood Insurance Program Expiration Date: July 31, 2015 Important: Read the instructions on pages 1-9. SECTION A - PROPERTY INFORMATION FOR INSURANCE COMPANY USE A1. Building Owner's Name RAYBURN Policy Number: A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Company NAIC Number: 415 NORTH BEACH BOULEVARD City WAVELAND State MS ZIP Code 39576 A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PARCEL #: 161F-0-02-022.004 A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential A5. Latitude/Longitude: Lat. <u>30-17-15.7</u> Long. <u>-89-21-45.7</u> Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983 A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. A7. Building Diagram Number 5 A9. For a building with an attached garage: A8. For a building with a crawlspace or enclosure(s): N/A a) Square footage of attached garage a) Square footage of crawlspace or enclosure(s) sq ft N/A b) Number of permanent flood openings in the crawispace Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u> Total net area of flood openings in A9.b N/A sq in Total net area of flood openings in A8.b N/A sq in ☐ Yes Engineered flood openings? ☐ Yes ☑ No d) Engineered flood openings? ☑ No SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B3. State B2. County Name B1. NFIP Community Name & Community Number MS WAVELAND 285262 HANCOCK **B7. FIRM Panel** B9. Base Flood Elevation(s) (Zone B6. FIRM Index Date B8. Flood B4. Map/Panel Number B5. Suffix AO, use base flood depth) Effective/Revised Date Zone(s) 28045C 0361 10/16/09 10/16/09 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. FIS Profile ☑ FIRM ☐ Community Determined ☐ Other/Source: B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 ☐ Other/Source: B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☑ No ☐ OPA Designation Date: □ CBRS SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: ☐ Building Under Construction* Finished Construction *A new Elevation Certificate will be required when construction of the building is complete. C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Vertical Datum: NAVD 1988 Benchmark Utilized: SLV13,1970 Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929
NAVD 1988
Other/Source: Datum used for building elevations must be the same as that used for the BFE. Check the measurement used. ☑ feet meters a) Top of bottom floor (including basement, crawispace, or enclosure floor) <u> 27.0</u> N/A ✓ feet meters b) Top of the next higher floor c) Bottom of the lowest horizontal structural member (V Zones only) meters | 26.0 ☐ meters N/A d) Attached garage (top of slab) ☐ meters e) Lowest elevation of machinery or equipment servicing the building <u>N/A</u>. (Describe type of equipment and location in Comments) ☐ meters 4.6 f) Lowest adjacent (finished) grade next to building (LAG) ☐ meters 4.7 g) Highest adjacent (finished) grade next to building (HAG) meters h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support N/A SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. Were latitude and longitude in Section A provided by a Check here if comments are provided on back of form. ☐ No licensed land surveyor? ✓ Yes Check here if attachments. ENGINEER License Number P.E. 19732 Certifier's Name JASON P. CHINICHE JAMES J. CHINICHE, PA, INC. Title PROJECT MANAGER Company Name 19732 City BAY ST. LOUIS State MS ZIP Code 39520 412 HWY, 90, SUITE 11 Address Signature Date Telephone (228) 467-6755

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IMPORTANT: In these spaces, co	opy the corresponding information from	Section A.	FOR	INSURANCE COMPANY USE
Building Street Address (including Apt. 415 NORTH BEACH BOULEVARD	, Unit, Suite, and/or Bldg. No.) or P.O. Route and	Box No.	Policy	Number:
City WAVELAND	State MS	ZIP Code 3957	6 Comp	pany NAIC Number:
SECTION	D – SURVEYOR, ENGINEER, OR ARCHIT	ECT CERTIF	ICATION (CONTI	NUED)
Copy both sides of this Elevation Certif	ficate for (1) community official, (2) insurance age	nt/company, an	d (3) building owner.	
section B4. Recommend verification of	A3. above is for information only & not to certify to (BFE) by local building official. The flood zone is ctor and/or Building Official as needed. TBM(Tem	determined by	graphic plotting only.	Owner is responsible for
Signature Company	Date	12/08/15		
SECTION E - BUILDING ELEV	VATION INFORMATION (SURVEY NOT RI	EQUIRED) FO	R ZONE AO AND	ZONE A (WITHOUT BFE)
 and C. For Items E1–E4, use natural g E1. Provide elevation information for grade (HAG) and the lowest adja a) Top of bottom floor (including b) Top of bottom floor (including b) Top of bottom floor (including levation C2.b in the diagrams) E2. For Building Diagrams 6–9 with p (elevation C2.b in the diagrams) E3. Attached garage (top of slab) is E4. Top of platform of machinery and E5. Zone AO only: If no flood depth 	basement, crawlspace, or enclosure) isbasement, crawlspace, or enclosure) isbermanent flood openings provided in Section A loof the building is ⊠ feet ☐ me	In Puerto Rico show whether to show whether to show whether to show the show and show the sho	only, enter meters. he elevation is above t	e or below the highest adjacent ve or below the HAG. ve or below the LAG. astructions), the next higher floor G. or below the HAG.
	F – PROPERTY OWNER (OR OWNER'S F			ATION
The property owner or owner's authorize	zed representative who completes Sections A, B, nents in Sections A, B, and E are correct to the bo	and E for Zone	A (without a FEMA-is	
Property Owner's or Owner's Authorize	530 - 7/	1		
Address	City		State	ZIP Code
Signature	Date		Telephone	
Comments				☐ Check here if attachments
	SECTION G - COMMUNITY INFORM			
of this Elevation Certificate. Complete the	or ordinance to administer the community's floodp applicable item(s) and sign below. Check the mea	surement used i	n Items G8–G10. In F	Puerto Rico only, enter meters.
is authorized by law to certify 6 G2. A community official completed	vas taken from other documentation that has been elevation information. (Indicate the source and da d Section E for a building located in Zone A (with this G4–G10) is provided for community floodplain	ate of the elevat out a FEMA-issu	ion data in the Comnued or community-iss	nents area below.)
G4. Permit Number	G5. Date Permit Issued	G6. Date Ce	rtificate Of Complian	ce/Occupancy Issued
G7. This permit has been issued for:	☐ New Construction ☐ Substantial Imp	orovement		
G8. Elevation of as-built lowest floor (inG9. BFE or (in Zone AO) depth of floodG10. Community's design flood elevation	cluding basement) of the building:	feet _ [meters Date	um
Local Official's Name	Titl	е		
Community Name	Tel	ephone		
Signature	Da	te		
Comments				☐ Check here if attachments

Note: The V Zone design certificate is not a substitute for the NFIP Elevation Certificate (see Fact Sheet No. 1.4, *Lowest Floor Elevation*), which is required to certify as-built elevations needed for flood insurance rating.

V ZONE DESIGN CERTIFICATE
Name MADELINE SCHWARTS PolicyNumber(Insurance Co.Use)
Building Address or Other Description 415 N. BEACH BLVD
Permit No City WAVELAND State MS Zip Code 39576
SECTION I: Flood Insurance Rate Map (FIRM) Information
Community No. 285262 Panel No. 28045C0361Suffix D FIRM Date 10/16/09 FIRM Zone(s) VE
SECTION II: Elevation Information Used for Design
[NOTE: This section documents the elevations/depths used or specified in the design – it does not document surveyed elevations and is not equivalent to the as-built elevations required to be submitted during or after construction.]
1. FIRM Base Flood Elevation (BFE)
2. Community's Design Flood Elevation (DFE)
3. Elevation of the Bottom of Lowest Horizontal Structural Member
4. Elevation of Lowest Adjacent Grade 4.6 feet*
 5. Depth of Anticipated Scour/Erosion used for Foundation Design
* Indicate elevation datum used in 1-4: NGVD29 NAVD88 Other
SECTION III: V Zone Design Certification Statement
I certify that: (1) I have developed or reviewed the structural design, plans, and specifications for construction of the above-referenced building and (2) that the design and methods of construction specified to be used are in accordance with accepted standards of practice** for meeting the following provisions:
 The bottom of the lowest horizontal structural member of the lowest floor (excluding piles and columns) is elevated to or above the BFE.
• The pile and column foundation and structure attached thereto is anchored to resist flotation, collapse, and lateral movement due to the effects of the wind and water loads acting simultaneously on all building components. Water loading values used are those associated with the base flood***. Wind loading values used are those required by the applicable State or local building code. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood, including wave action.
SECTION IV: Breakaway Wall Design Certification Statement
NOTE. This section must be certifled by a registered engineer or architect when breakaway walls are designed to have a resistance of more than 20 psf (0.96 kN/m2) determined using allowable stress design]
I certify that: (1) I have developed or reviewed the structural design, plans, and specifications for construction of breakaway walls to be constructed under the above-referenced building and (2) that the design and methods of construction specified to be used are in accordance with accepted standards of practice** for meeting the following provisions:
 Breakaway wall collapse shall result from a water load less than that which would occur during the base flood***.
 The elevated portion of the building and supporting foundation system shall not be subject to collapse, displacement, or other structural damage due to the effects of wind and water loads acting simultaneously on all building components (see Section III).
SECTION V: Certification and Seal
This certification is to be signed and sealed by a registered professional engineer or architect authorized by law to certify structural designs. I certify the V Zone Design Certification Statement (Section III) and the deak way full Design Certification Statement (Section IV, check if applicable).
Certifier's Name JASON CHUNCHE License Number MS 19132 Title PROSECT MANAGER. Company Name JAMES J. CHINICHE Address 412 HWY 10 #1 BSL City BSL State MSZip Code 39520 Signature Aur hube Date 14116 Telephone 228-467-
Signature Date 1/4/16 Telephone 228-467- 6754 TRISSISSISSISSISSISSISSISSISSISSISSISSISS